Online Supporting Material

Supplemental Table 1: Association between mandatory folic acid fortification and low serum vitamin B_{12} status with and without anemia or macrocytosis among US adults age >50 years in NHANES¹

| | Pre-fortification | | Post-fortification | | | |
|---|-------------------|-------------------|--------------------|--------------------|-------------------|----------------------|
| | N | % (95% CI) | N | % (95% CI) | Crude PR (95% CI) | Adjusted PR (95% CI) |
| Total | 2,911 | _ | 4,946 | _ | _ | - |
| Serum vitamin B ₁₂ deficiency ³ | 133 | 4.5 (3.2, 5.8) | 181 | 4.2 (3.3, 5.2) | 0.80 (0.55, 1.14) | 0.95 (0.65, 1.38) |
| + No anemia | 110 | 4.0 (2.8, 5.2) | 164 | 3.9 (3.0, 4.8) | 0.83 (0.57, 1.20) | 0.98 (0.67, 1.44) |
| + Anemia ⁴ | 23 | 0.5 (0.2, 0.8) | 17 | $0.3 (0.1, 0.6)^2$ | 0.54 (0.25, 1.17) | 0.68 (0.29, 1.59) |
| + No macrocytosis | 127 | 4.2 (2.9, 5.6) | 171 | 4.1 (3.1, 5.0) | 0.81 (0.55, 1.2) | 0.96 (0.65, 1.43) |
| + Macrocytosis ⁴ | 6 | _2 | 10 | _2 | _ | - |
| Marginal deficiency ³ | 772 | 26.2 (23.1, 29.4) | 1041 | 21.8 (20.3,23.4) | 0.75 (0.66, 0.87) | 0.83 (0.73, 0.96) |
| + No anemia | 714 | 25.1 (22.0, 28.1) | 946 | 20.7 (19.1, 22.2) | 0.74 (0.64, 0.86) | 0.82 (0.72, 0.95) |
| + Anemia ⁴ | 58 | 1.2 (0.7, 1.6) | 95 | 1.1 (0.8, 1.5) | 0.97 (0.63, 1.50) | 0.99 (0.61, 1.59) |
| + No macrocytosis | 760 | 25.9 (22.9, 28.8) | 1009 | 21.3 (19.7, 23.0) | 0.75 (0.65, 0.85) | 0.82 (0.72, 0.94) |
| + Macrocytosis ⁴ | 12 | _2 | 32 | 0.5 (0.2, 0.8) | _ | - |
| Serum vitamin B ₁₂ >258 pmol/L | 2,006 | 69.3 (66.4, 72.2) | 3,724 | 73.9 (72.0, 75.9) | 1.12 (1.06, 1.17) | 1.07 (1.02, 1.12) |

 $^{^{1}}$ Values are percentages (95% confidence interval). Pre-fortification data were from NHANES III Phase 2 1991–1994 and post-fortification data were from NHANES 2001–2006. Analyses were weighted to account for the complex sampling design of NHANES and excluded participants with liver disease, renal dysfunction, heavy alcohol use, and treatment of anemia less than 3 months prior to survey participation. Prevalence and prevalence ratios (PR) were estimated using multinomial logistic regression adjusted for age, sex, race/ethnicity, BMI, CRP, smoking, and oral vitamin B₁₂ supplement use. 2 Estimates with relative standard errors (RSE) ≥30% were considered statistically unreliable. Estimates were reported for RSE = 30–39% and were not reported for RSE ≥40%.

³Serum vitamin B₁₂ concentrations for deficiency was defined as <148 pmol/L; marginal deficiency was defined as 148–258 pmol/L.

⁴Anemia was defined as hemoglobin <130 g/L for men and <120 g/L for women. Macrocytosis was defined as mean corpuscular volume >100 fL.